

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

27-RD-285954

Date Filed

11/8/2021

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Busch Agricultural Resources		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 5755 S Yellowstone Hwy, Idaho Falls, Idaho 83402	
3a. Employer Representative - Name and Title Nathan Hungate, Dir. of Western Malt Operations		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 208-522-5501	3d. Fax No.	3e. Cell No. 317-498-5233	3f. E-Mail Address nathan.hungate@anheuser-busch.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturer			4b. Principal product or service Barley Malt
5a. Description of Unit Involved Included: All full-time elevator operators, malt operators, lead operators, plantforemen, electricians, general maintenar Excluded: All other employees; casual employees; coordinators, including elevator,malt house, electrical plant safety a			5b. City and State where unit is located: Idaho Falls, Idaho Osgood, Idaho

6. No. of Employees in Unit 86	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent TEAMSTERS, CHAUFFEURS, WAREHOUSEMAN AND HELPERS LOCAL UNION		8b. Affiliation, if any THE INTERNATIONAL BROTHERHOOD OF	
8c. Address 456 N. Arthur Avenue, Pocatello, Idaho 83204		8d. Tel. No. 208-232-6891	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address TEAMSTERSLOCAL983@YAHOO.COM
9. Date of Recognition or Certification 10/30/2020		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name none	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 11/16/2021 and 11/17/2021	13c. Election Time(s) 9:00am-11:00am and 7:00pm-9:00pm	13d. Election Location(s) 5755 S Yellowstone Hwy, Idaho Falls, Idaho 83402	

14. Full Name of Petitioner (b) (6), (b) (7)(C)		
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.
		14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)
		14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any	
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date Filed 11/08/2021
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.